

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		5		1			52						
3		2		1			53						
4		8		1			54						
5		8		1			55						
6		8		1			56						
7		8		1			57						
8	1						58						
9	1						59						
10		2		1			60						
11							61						
12							62						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			12				TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						